



Name of the BOXER you will be working with: _____

PA DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
2601 North 3rd Street
Harrisburg, PA 17110
Phone 717-787-5720
Fax 717-783-0824

COMMONWEALTH OF PENNSYLVANIA

APPLICATION FOR

DATE ~~8-27-21~~ 7-10-21 10-9-21

(STATE KIND OF LICENSE WANTED)

LICENSE NO. _____

SCHEDULE OF FEES		READ INSTRUCTIONS CAREFULLY
Announcer.....\$20.00	Referee.....35.00	Payment must be made by check or money order made payable to the Commonwealth of Pennsylvania. Send to: State Athletic Commission 2601 North 3 rd Street Harrisburg, PA 17110
Judge.....35.00	X-Second.....20.00	
Manager.....60.00	Timekeeper.....25.00	
Matchmaker.....50.00	Trainer.....20.00	
Physician.....40.00		

EACH APPLICANT SHOULD ANSWER THE FOLLOWING

PLEASE PRINT CLEARLY

SOCIAL SECURITY NO. _____

Name of Applicant _____ (LAST) _____ (FIRST) _____ (PHONE NO.)

Address _____ (NUMBER AND STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

Email Address _____

Place of Birth _____ Date of Birth _____ Age _____

Occupation _____ Employer _____

Have you ever been arrested for violating the laws of Pennsylvania or any other State? _____

If YES, state where and give details _____

Have you been licensed before by this Commission? Yes ___ No ___ If YES, when? _____

Are you licensed by any other Commission? Yes ___ No ___ If YES, which Commission? _____

Have you ever been penalized by any Athletic Commission? Yes ___ No ___

If YES, state where and give circumstances _____

Have you any financial interest in the promotion of professional or amateur sports or any pro/amateur boxer in this or any other state? Yes ___ No ___

If YES, give details _____

Applicants for license as manager or physician should answer questions under proper heading below.

~~MANAGER~~

How long have you managed boxers? _____

Has anyone a financial interest in your earnings? ____ Yes ____ No

If yes, give details _____

Give name, address and weight class of Boxers under your managerial control:

NAME

CITY, STATE

WEIGHT CLASS

~~PHYSICIAN~~

Graduate of _____ Medical School Year _____

Number of Years in active practice _____ Have you treated sports injuries? _____

Are you currently licensed to practice medicine in Pennsylvania? ____ Yes ____ No

Pennsylvania Physician's License # _____

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief. And are made subject to the penalties prescribed for perjury set forth in 18 PA Consolidated Statutes, section 4904, relating to unsworn falsification to authorities.

By: _____

APPLICANT'S SIGNATURE